15/5/2010

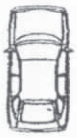
INS. CASE OWNER: PRIYA | CC4/III20000336/Dga3 | LKK: IDAC:

ASSIGNMENT

Surveyor: BRYAN DOI: 03/01/2020 Date / Time : 03.01.2020

Registered in Merimen: 06.01.2020

Pre-assign / CCU / FTE



Insured Vehicle No. : SH 7735A

Name of Insured : COMFORT TRANSPORTATION PTE LTD

Insured Tel No. : HP:

Excess Sec II :S$ D.O.A : 29/12/2019

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : SYED HASSAN BIN AHMAD ALKAFF

Driver Tel No. : +65-97749064 (V/L: YES / NO)

Claim No. :

Policy No. : MCOM0015

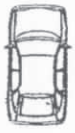
Make / Model : HYUNDAI IONIQ HYBRID

Place of Accident : ALONG ORCHARD LINK

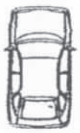
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % **Final ? Yes / No**

SHA 9980L → → →

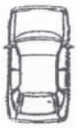


INSRS:
WSP: CHUNNI
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA 9980L - NS/INC10024488/Fn; DOA: 30.11.10 SH 7735A - CC3/TMI17017448/K1gbn2; DOA: 8.9.17 - CC4/III17000070/K1zg3q2; DOA:24.12.16 - NS/INC15014436/H1gbn2; DOA: 20.08.15

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI:	☐	☐
Authorisation To Act:	☐	☐
Release Voucher:	☐	☐
Final Repair Bill:	☐	☐
Car Rental Invoice:	☐	☐
Towing Invoice	☐	☐
LTA / GIA :	☐	☐
Medical Bill:	☐	☐
PIR:	☐	☐
Mandate/Reject Instruction:	☐	☐
LOD	☐	☐
Payment Breakdown Form:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: L/S S$ 6000.00 (7 days) Reduction: 9741.80 % 62 Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 14/052020 Confirm with WILLIAM Email ☑ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost:	S$ 6420.00 (W/GST)	
Loss of Rental (LOR):	S$ 1106.70 (10 days) x $110.67	DRIVE OUT MAIN RD AND COLLIDE INTO TPV
Loss of Use (LOU):	S$ ($ x days)	
Loss of Income (LOI):	S$ 400.00 ($ 40 x 10 days)	
LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☑ **[Tick only one]**		
GIA/LTA Search	S$	
Medical:	S$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$	3) Survey fee: $600.00
Total:	S$ 7926.70 **Global Sum S$:** 7900.00	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☑

Payee 1:	S$ 7900.00	Name 1:	CHUNNI MOTOR WORK PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: REF:

ASSIGNMENT

CDE 2022 Aug

From: Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHA9980L Yr Regn: August 2014

Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 c.c 1685

Colour Yellow A/C: Insured / Std / NI / NA

Sp.Reading 651668 T/Radio: Insured / Std / NI / NA

Eng/No: D4FDEU441554

C/No: KMHLB41UMEU058030

Gen. Cond: (Good) / Fair / Poor / Burnt

Steering: (In order) / Jammed / Leaked / Burnt or

Brake: (In order) / Jammed / Leaked / Burnt or

Modi : (Nil) / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: —11—

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	5 mm	L/Bal.	5 mm
D.O.A.	29/12/2019	D.O.I.	03/01/2020

Survey held at Chunni AMK

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

O/S Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Till SH7735A

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format :

Lump Sum / I.E.I: ( )

Survey Fee:

Transportation: $ + RS. SI

Photos

Others

TOTAL